

FROM McANDREWS, HELD, & MALLOY

(TUE) 4.18'06 12:09/ST. 12:09/NO. 4861050421-1



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34TH FLOOR  
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TO: Examiner Yuwen Pan  
Group Art Unit 2682

FAX NO.: 571 273 8300

FROM: Michael T. Cruz


USER ID: 8084

CLIENT: 1772

MATTER: 17402US01

Number of Pages This Transmission (Including Cover Page): 6

I hereby certify that the attached correspondence, including a Transmittal Sheet (1 Page), a Fee Transmittal (1 Page) and a Petition for a Three-Month Extension of Time (2 Pages since filed in Duplicate) and a Request for Continued Examination (RCE) (1 Page), is being sent via facsimile transmission to the United States Patent and Trademark Office on April 18, 2006.

  
Michael T. Cruz  
Reg. No. 44,636

PTO/SB/21 (09-04)

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TRANSMITTAL FORM		Application Number		09/747,392			
(to be used for all correspondence after initial filing)		Filing Date		December 22, 2000			
		First Named Inventor		Fei Xie			
		Art Unit		2682			
		Examiner Name		Yuwen Pan			
Total Number of Pages in This Submission		5		Attorney Docket Number		17402US01	
<b>ENCLOSURES (check all that apply)</b>							
<input checked="" type="checkbox"/> Fee Transmittal Form (1 Page) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extens. of Time Req. (1 Page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD		<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return-Receipt Postcard <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <i>Request for Continued Examination (RCE) (1 Page)</i>			
Remarks		Extension of Time Request is filed in Duplicate.					
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>							
Firm		McAndrews Held & Malloy, Ltd.					
Signature		<i>Michael T. Cruz</i>					
Printed Name		Michael T. Cruz					
Date		April 18, 2006					
<b>CERTIFICATE OF FAX TRANSMITTAL</b>							
I hereby certify that this correspondence is being sent via facsimile transmission to Yuwen Pan, an Examiner of the United States Patent and Trademark Office, at (571) 273-8300 on April 18, 2006.							
Name (Print/type)		Michael T. Cruz		Registration No. (Attorney/Agent)		44,636	
Signature		<i>Michael T. Cruz</i>		Date		April 18, 2006	

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Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818)		Complete if Known					
<b>FEE TRANSMITTAL for FY 2006</b>		Application Number	09/747,392				
		Filing Date	December 22, 2000				
		First Named Inventor	Fei Xie				
		Examiner Name	Yuwen Pan				
		Art Unit	2682				
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	17402US01				
<b>TOTAL AMOUNT OF PAYMENT (\$)</b> 1810.00							
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy							
For the above-identified deposit account, the Director is hereby authorized to (check all that apply)							
<input checked="" type="checkbox"/> Charge Fee(s) indicated below <input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s) <input checked="" type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
Application Type	Filing Fees	Small Entity	Search Fees	Small Entity	Examination Fees	Small Entity	Fees Paid(\$)
	Fee (\$)	Fee(\$)	Fee(\$)	Fee(\$)	Fee(\$)	Fee(\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							Small Entity
Fee Description							Fee(\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
Total Claims		Extra Claims	Fee(\$)	Fee Paid (\$)	Multiple Dependent Claims		
-20 or HP		x		=	Fee		Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims		Extra Claims	Fee(\$)	Fee Paid (\$)			
-3 or HP		x		=			
HP = highest number of independent claims paid for, if greater than 3							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee(\$)	Fee Paid(\$)		
-100	/50	(round up to a whole number)		x	-		
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): Request for Continued Examination (RCE) Fee (\$790); 3-Month Extension-of-Time Fee (\$1020)							1810.00
SUBMITTED BY							
Signature	Michael T. Cruz			Registration No. (Attorney/Agent)	44,636	Telephone	(312) 775-8084
Name (print/type)	Michael T. Cruz			Date	April 18, 2006		